PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000											896110		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			9				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		6	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			(minus 20=		. 🗸		Ī	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			⊘ mi	nus 3 =			-	X40=			X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT				H			OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=		
								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II 1 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
ENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 10	Minus	()	0	- >	Γ	X\$ 9=		OR	X\$18=		
AME	Independent	. >	Minus	*** (=	3	= -	ı	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
							L	TOTAL	<i>:</i>		TOTAL ADDIT. FEE		
		(Column 1)		(Colu	nn 2)	(Column 3)	^	DDIT. FEE		• .	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• .	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	ı	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.105		On.	070		
							L	+135=		OR	+270=		
							A	DOIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colui		(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••	•	=	Γ	X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	•••		=	f	X40=			X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F			OR			
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.										OR	+270=		
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		nber Previously Pa					r foun	id in the app	propriate box	t in col	lumn 1.		

Application or Docket Number